TOWN OF LAKE PARK

535 Park Avenue Lake Park, Florida 33403 Phone (561) 881-3318 Fax (561) 881-3323

Zoning Certificate



REQUEST FOR ZONING CONFIRMATION LETTER FOR A NEW BUSINESS

A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$85.00 IS DUE AT TIME OF SUBMITTAL. APPLICANT HAS 60 DAYS TO COMPLETE PROCESS, OR YOU WILL BE REQUIRED TO RESUBMIT THE REQUEST. BUSINESSES OPERATING IN VIOLATION OF THE TOWN CODE OF ORDINANCES WILL BE SUBJECT TO ENFORCEMENT ACTIONS.

| DATE BUSINESS LOCATION | |
|---|------------|
| () New Business () Ownership Transfer () Name Change () Location Transfer () Additiona E-MAIL ADDRESS: (required to receive Town e-ma | l Business |
| Name of Business | a apaates, |
| Name of Business Owner | |
| Business Address/Location | |
| Mailing Address: | |
| Mailing Address: Business Telephone No. Fax No. | |
| E-Mail Address | |
| E-Mail Address Name of Property Owner Telephone No. | |
| Address of Property Owner | |
| Address of Property Owner () Corporation () Partnership () Fictitious Name () Other: | |
| IF A CORPORATION: | |
| Name of Registered AgentTelephone | |
| Address of Registered Agent | |
| State of Incorporation | |
| State of Professional License: Attach a copy. | |
| IF A PROPRIETORSHIP/CONTRACTOR/PROFESSIONAL: | |
| Name of Owner/Qualifier | |
| IF A PROPRIETORSHIP/CONTRACTOR/PROFESSIONAL: Name of Owner/Qualifier Address:Telephone No | |
| | |
| TYPE OF BUSINESS PROPOSED: | |
| Please explain Operation in detail: | |
| | |
| | |
| | |
| | |
| | |
| | <u> </u> |
| Unit Size (sq. ft.) Maximum Number of Employees Is this an accessory use to another business Yes () No () | |
| Number of parking spaces available to business | |

FOR OFFICIAL USE ONLY TO BE COMPLETED BY ZONING STAFF

| BUSINESS NAME: | | <u>_</u> _ | | | | |
|---|-----------------|-------------|----------|--------|--|--|
| BUSINESS ADDRESS: | | | | | | |
| Documents needed to complet | e Zoning Co | nfirmation | Request: | | | |
| Copy of State of Florid | a License (if a | applicable) | | | | |
| INSPECTIONS | | | | | | |
| Building Department Approx | ved () | N/A () | Date | _ Init | | |
| Fire Department Approv Public Works Approv | /ed() | N/A () | Date | Init | | |
| Public Works Approv | red () | N/A () | Date | Init | | |
| Zoning Approv (to include landscaping, parking, height, s | ed () | N/A() | Date | _ Init | | |
| Special exception | Waiver | | Varia | ance | | |
| Community Development Certificate of Zoning Confirmation | | | | | | |
| By: | Title: | | Date: _ | | | |
| Paid \$ | | | | | | |



[County Ordinance 72-1 and FS 205.0535(5)]
No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

Application For Palm Beach County Local Business Tax Receipt

| BUSINESS INFORMA | ATION (To be completed by app | licant): | **Instructions 8 | k checklist on reverse side** |
|----------------------------------|---|---|--|------------------------------------|
| Check Applicable Box: | □ New Business□ New Business Tax Receipt | ☐ Transfer of Address ☐ Other | ☐ Transfer of Ownership | ☐ Business Name Change |
| Current Business Tax Receip | | | | |
| Business/DBA/Trade Name | à: | | | |
| | (Division of Corporation | ıs requires registration of a fictitiou | s name. Copy of registration must acco | mpany this application) |
| | | | | |
| | | | | |
| Federal Employer ID #: | | **OR** Social Security | /#: | |
| Business Address: | | City: | State: | ZIP: |
| Date in business at this loca | ntion: | Business Phor | e Number: | |
| Mailing Address (if different at | oove): | City: | State: | ZIP: |
| | | | | |
| Nature of Business: | | **OR* | + Profession: | |
| | (Lanuscaper, Cleaning Service, etc.) | | (Doctor, Lav | wyer, etc.) |
| | mployees: Mac Non-Compliance? | | oms: Restaura | ant seating: |
| | that the above information is true a | | at any false statements could resul | t in penaities as provided by law. |
| | | | (Agent, Owner, Re | ip.) |
| PLEASE NOTE: ZONING A | PPROVAL MUST BE COMPLE | TED PRIOR TO APPLICAT | ION SUBMITTAL **See revers | e side for details on zoning** |
| Municipal/City Zoning Appre | oval: | | Title: | |
| TTORTT Unincorporated Zo | ning Approval/ | | Title: | |
| PZ&B - Place initials in box i | f approval from department is re | equired*** Regulator | Signature required on line, when | approval has been meet *** |
| | | [F | ire Marshall | |
| Compliance | | I | ealth Department | |
| Building | | P | otel & Restaurant | |
| | | P | rior Use of Bay/Bldg | |
| Other | | | nty Home Based Affidavit | |
| 2 mm m | | | | |
| | LY (Signature and title designate | es approval) | | |
| | | | | |
| Till number: | | | * | |
| NAICS Code: | | Receipt #: | 2 | 2 YR |
| Cust. Relations Guide/ CRA: | | Ciald Cambridge | | |
| | | | | |
| 10/ALTEL 00L . 4 | | | | 5 YR |



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Application Requirement Guide for Local Business Tax Receipt

| APPLICAT | TION REQUIREMENT GUIDE (CHECKLIST) | **Please complete application on reverse side.** |
|--------------|--|--|
| | ETE APPLICATION (first box on reverse side) | |
| | A COPY OF FICTITIOUS NAME REGISTRATION (If applicable): www.su | nbiz.org |
| OBTAIN . | ZONING APPROVAL (one of the following): Municipal/City Business Tax Receipt (If business is located within city zoning approval). **OR** Unincorporated - Palm Beach County Zoning Approval (If business is located within city zoning approval). **OR** Unincorporated - Palm Beach County Zoning Approval (If business is located this application to Palm Beach County Planning, Zoning & Buil Beach-Vista Center 561-233-5200]. | ocated in unincorporated Palm Beach County) |
| □ COPIES · · | OF STATE OR COUNTY CERTIFICATIONS/LICENSE (If applicable): Dept. of Business and Professional Regulation (850-487-1395) Child Care Facilities must be registered by Palm Beach County Dept. of State of Florida Dept. of Health (850-488-0595) | of Health (561-840-4500) |
| | Certified Contractors must be licensed by Bell- Beach Court, Court | |

- Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
 State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food authors and consumer Services (800-435-7352) for food authors and consumer Services (800-435-7352).
- State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health
 and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
- Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
- Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE: Price quotes are only valid if received and posted in the Tax Collector's computer system within the same month of quote.

Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).

Further information can be obtained by calling (561) 355-2272 or visiting our website: www.taxcollectorpbc.com

Mall completed application to:

Palm Beach County Tax Collector Attn: Business Tax Department

P.O. Box 3353

West Palm Beach, FL 33402-3353

OR

Visit one of our locations with the completed application: (Monday - Friday 8:15 am to 5:00 pm)

Belle Glade Service Center PBC Glades Office Building

2976 State Road 15 Belle Glade, FL

Delray Beach/South County Service Center

501 South Congress Ave Delray Beach, FL Lake Worth Service Center 3551 South Military Trail

Lake Worth, FL

Palm Beach Gardens/NE County Courthouse

Service Center 3188 PGA Blvd

Palm Beach Gardens, FL

Royal Palm Beach Service Center

200 Civic Center Way Royal Palm Beach, FL

West Palm Beach/Downtown Service Center

301 North Olive Avenue West Palm Beach, FL